

COMMISSIONER

**Hospital Name** 

## The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health Center for Quality Assurance and Control 99 Chauncy Street, 2<sup>nd</sup> Floor Boston, MA 02111 617-753-8000

## **Community Hospital Application for Special Project Approval to Participate in the MASS COMM Trial**

, located at \_\_\_\_\_

## PLEASE PRINT

				<b></b> ,	
through the submiss Massachusetts hosp in the MASS COMI interventions (PCIs PCIs performed at t	ital licensure reg M Trial to study ) performed at co	gulation 105 CMR the safety and effi ommunity hospita	130.051 S cacy of po ls withou	Special Proje ercutaneous	ects, to participate coronary
Community Hospita Principal Physician Investigator:					
investigator.	First Name	Last Name		-	
	Phone	Fax	Email		_
Principal Nurse:	First Name	Last Name		-	
	Phone	Fax	Email		_
Data Coordinator:	First Name	Last Name		-	
	Phone	Fax	Email		_

Part	Participating Interventionalists at this hospital:					
Cor	responding Surgery-on-Site (SOS) Hospital(s):					
Che	ck as applicable:					
	The hospital provides primary angioplasty 24 hours per day, seven days per week (24/7).					
	The hospital does not currently provide primary angioplasty <b>24 hours per day, seven days per week.</b> Primary angioplasty is available (insert days and hours of availability):					
	Primary angioplasty will be available 24/7 beginning (insert date):					
	The hospital attests that the each interventionalist participating in the trial at this site:					
	• is board certified in interventional cardiology,					
	<ul> <li>is credentialed at the corresponding surgery-on-site hospital(s),</li> </ul>					
	• has performed 75 PCI procedures in the past year, and					
	<ul> <li>will continue to perform 75 PCI procedures per year.</li> </ul>					
	The hospital attests to the IRB's approval of participation in the MASS COMM Trial.					
	The hospital attests to the IRB's approval of the informed consent document for the MASS COMM Trial.					
	The hospital agrees to pay all costs associated with the MASS COMM Trial, as determined by the Principal and Co-Principal Investigators.					
	The hospital has a signed Memorandum of Understanding with Harvard Clinical Research Institute (HCRI) regarding the MASS COMM Trial.					
	The hospital has a signed agreement with each of the corresponding SOS hospitals listed					

	patients randomized to the SOs complication warrants surgical	It during his/her hospital stay; transposed transport for patient intervention; and maintenance by the feach agreement is enclosed with the state of	ts in whom a procedural he SOS hospital of a			
	Center and the Department of	he hospital agrees to submit all data requested by HCRI, MASS-DAC Data Coordinating lenter and the Department of Public Health in a timely manner and consistent with all meframes identified in the MASS COMM Trial protocol.				
	The hospital attests that no pat	ient shall be enrolled in the MASS	COMM Trial prior to:			
	<ul> <li>the hospital's receipt of written approval to participate from the Department of Public Health,</li> <li>the establishment of signed contracts for the hospital and its partnering/corresponding surgery-on-site hospital(s) with HCRI, and</li> <li>receipt of final written authorization from HCRI to proceed with patient enrollment.</li> </ul>					
	The hospital attests that it will continue to collect and submit the data required for participation in the Department's <i>primary angioplasty</i> special project.					
Sign	gnatures:					
Chi	nief Executive Officer:					
—— Prin	int name					
Sign	gnature	Date				
Chi	nief of Cardiology or Cardiovascu	lar Services:				
Prin	int name					
Sign	gnature	Date				
Cor	ommunity Hospital Principal Phys	sician Investigator:				
—— Prin	int name					
Sign	gnature	Date				

above that addresses responsibilities to ensure management of complications experienced by

## Return the completed, signed application to:

Nancy Murphy Division of Health Care Quality 99 Chauncy Street, 2<sup>nd</sup> fl. Boston, MA 02111